



Clinical Practice

Survey of staff attitudes to the smoking ban in a medium secure unit

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ABSTRACT

Aims and methods: The aim of this survey was to explore staff attitudes to the indoor smoking ban in a medium secure unit and to ascertain if they had experienced any difficulties in imposing the ban in the four months after its introduction. All staff members available on duty who agreed to participate in the survey were interviewed using a semi-structured questionnaire.

Results: The response rate was 65%. Sixty-four percent of the staff supported the smoking ban. Forty-three percent reported experiencing patient management problems with the majority complaining of increased patient aggression, increased use of staff time in supervising patients smoking. Additionally, supervising staff were still being exposed to passive smoking. Sixty-five percent reported positive effects due to the ban with the majority reporting that patients were sleeping at night due to the smoking area being closed at night.

Clinical implications: A significant proportion of the staff is still opposed to the smoking ban. Changing staff attitudes through educational programmes will be important in ensuring success of a possible future total ban in psychiatric units.

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1. Introduction

The smoking ban came into effect in England on 1st of July 2007 to ensure that all enclosed public places and workplaces become smoke free. A number of publications leading up to the ban showed that staff in psychiatric units was resistant to the proposal of the smoking ban, with concerns mainly regarding its impact on patient behaviour and infringement on patients' liberties.^{1,2}

A quarter of the British population, approximately 11 million people aged 16 and over smoke cigarettes.³ The prevalence of smoking is considerably higher in those with mental illness and epidemiological studies have found that over 70% of patients with mental health problems smoke.⁴ Evidence also suggests that people with mental illness die 10–15 years earlier than the general population. A significant amount of mortality is attributed to smoking related diseases.⁵ Therefore it is important that psychiatric hospitals are included in the general health improvement strategies and are not exempt from smoke-free policies.

The smoking ban is most pertinent to secure units as patients are detained and are resident in these hospitals for extended periods. A large majority of patients detained in these units smoke. A survey carried out by Meiklejohn et al. reported that 84% of all patients in a medium secure unit smoked.⁶ The issue of smoking bans in secure hospitals was highlighted recently when a patient challenged the complete smoking ban at a high secure unit. His lawyer argued that the hospital was the patient's home and to prevent him from smoking there was "a disproportionate interference" with his human rights under Article 8 of the European Convention on Human Rights, which guarantees respect for private and family life.⁷

Newton Lodge is a 90 bed regional medium secure unit in West Yorkshire. The partial smoking ban at Newton Lodge was implemented in tandem with the national ban. Prior to the introduction of the ban, there were smoking rooms for patients to use as well as being allowed to smoke in the courtyards and hospital grounds. Following the introduction of the ban, smoking indoors was prohibited and patients were permitted to smoke only in designated outdoor smoking areas only such as smoking shelters or the courtyard. All the seven wards in the unit have outdoor designated smoking areas for patients. The effectiveness of any smoking

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policies is determined by staff attitudes to it as they are on the frontline and responsible for implementing it on a daily basis. Previous studies have shown that staff in psychiatric settings has a less favorable attitude than general medical staff to smoke-free policies.⁸

The aim of this survey was to explore staff attitudes to the smoking ban and to ascertain if they had experienced any difficulties in imposing the ban four months after its introduction.

2. Method

Over a period of three weeks in November 2007, all members of nursing and medical staff on duty available between 9 a.m. and 5 p.m. were approached to participate in the survey. Those who agreed to participate were interviewed using a semi-structured questionnaire which included questions regarding staff perspective on whether the ban had caused any patient management problems, if the ban had any positive effects and if they filled in an incident form if a patient violated the ban. They were also asked if they were smokers themselves and whether they supported the ban. A copy of the questionnaire is available from the corresponding author on request. Data was analysed with the Statistical Package for the Social Sciences (SPSS) version 11 for Windows.

3. Results

We were able to approach 116 of the 178 staff working in the unit giving us a response rate of 65%. Of those approached, 39% ($N = 45$) were men and 61% ($N = 71$) were women. The mean age of respondents was $37(\pm 9.62)$ years. Of the 116 respondents, 10% ($N = 12$) were doctors, 60% ($N = 70$) were qualified nurses and 29% ($N = 34$) were unqualified nursing staff. 30% of all respondents were smokers ($N = 35$). The number of smokers by professional group is shown in Table 1. There was no statistical difference of smoking rates between the doctors and the nurses ($p = 0.34$). There was also no statistical difference of smoking rates between qualified and unqualified nursing staff ($p = 0.5$). Of all the respondents, 64% ($N = 74$) supported the smoking ban in the unit. Smokers were significantly less likely to support the ban as compared to non-smokers ($p = 0.0001$).

Forty-three percent ($N = 50$) of the staff reported experiencing patient management problems. Of those who reported problems, 68% reported increase in patient aggression, 52% reported an increase in patient anxiety, 66% reported increase use of staff time in supervising patients' smoking and 10% reported an increase in use of as required medication by patients. There was no difference between smoking and non-smoking members of staff reporting patient management difficulties ($P = 0.09$). 65% ($N = 76$) of staff reported positive effects due to the smoking ban. Of those who reported positive effects, 51% ($N = 39$) felt that it had encouraged patients to think about giving up smoking, 21% ($N = 16$) felt that it had encouraged staff to think about giving up smoking, 18% ($N = 14$) said that smoking rooms were being used for other clinical activities, 23% felt that the working atmosphere was cleaner and 60% ($N = 46$) felt that most patients were sleeping at night as designated smoking areas were closed at night. 13% ($N = 15$) reported filling in an incident form if a patient violated the smoking ban,

Table 1
Smoking status of respondents by professional group.

Clinical profession	N	Current smokers N (%)
Psychiatrists	12	2 (16.7%)
Qualified nurses	70	24 (34.3%)
Unqualified nurses	34	9 (26.5%)

Table 2

Comparing the views of the psychiatrists with the nurses.

Question	Psychiatrists (N = 12) N (%)	Nurses (N = 104) N (%)	Statistical test
Do you support the smoking ban?			
Yes	9(75)	65(62.5)	$P = 0.53$
No	3(25)	39(37.5)	
Has the smoking ban caused any patient management problems?			
Yes	6(50)	44(31)	$P = 0.76$
No	6(50)	60(69)	
Has the smoking ban had any positive effects?			
Yes	11(91.7)	65(62.5)	$P = 0.06$
No	1(8.3)	39(37.5)	
Do you feel the ban has been successfully implemented?			
Yes	4(33.3)	44(31)	$P = 0.76$
No	8(66.7)	60(69)	

51% ($N = 60$) said they would not fill in an incident form and 36% ($N = 41$) said that they had not encountered any incidents since the ban was introduced. Of all respondents, 41% ($N = 48$) felt that the ban was successfully implemented. We found no significant statistical difference on comparing the views of the psychiatrists with the nurses (Table 2).

4. Discussion

This study suggests that almost 60% of the staff supported the indoor smoking ban in place at Newton Lodge. A survey carried out by the Kings Fund found that only 10% of the staff in mental health units supported the indoor smoking ban.¹ Previous studies have shown that staff attitudes towards supporting the ban have improved after its introduction.⁹ It was interesting to note that the smokers were significantly less likely to support the ban as compared to non smokers. A third of the staff interviewed reported patient management problems as a result of the partial smoking ban. A review of 26 international studies conducted by Lawn and Pols found that increase in patient aggression was noted at psychiatric units which imposed selective smoking bans. Ninety percent of psychiatric units which imposed complete smoking bans found no increase in aggression or patients discharging themselves against medical advice. Consistency, coordination and full administrative support were found to be essential for successful implementation of the ban.¹⁰

In medium secure units, supervision of patients smoking in the courtyard is essential due to security concerns. However this study suggests that staff time may be increasingly used to supervise patients' smoking, thus eating into time available for clinical activities. One option of getting around this would be to designate smoking breaks at fixed regular time intervals. Additionally staff supervising patients smoking in the courtyard are still being exposed to passive smoking defeating one purpose of the ban.

The majority of staff felt that the ban had a positive effect on patients. It was striking to note that closing the designated smoking area at night helped many patients sleep. Anecdotal evidence suggested that prior to the ban many patients were sleeping during the day and staying up at night smoking. Other positive effects noted were that the working environment was cleaner and smoke rooms were being used for therapeutic activities.

From this study it is evident that there are obvious problems associated with implementing a partial ban notably with supervising staff being exposed to passive smoking. Complete smoking bans may be the only way to protect those working in psychiatric secure units from exposure to environmental smoke given the practical difficulties of imposing partial bans in secure units. Nearly 40% of participants in this study were opposed to the indoor smoking ban. There may indeed be even more resistance from staff in psychiatric units once a complete ban comes into place.

Willemsen et al. suggest conducting educational campaigns for staff members in psychiatric institutions addressing their key concerns and beliefs.¹¹ For example many feel that imposing complete smoking bans will increase agitation amongst patients but previous research has shown that not to be true.

Another commonly held belief regarding patients' human right to smoke has to be challenged. The Human Rights Act 1998 allows individual choice only if that does not endanger others.¹² Patient's right to smoke has to be balanced with the employees' right to work in a smoke-free environment. The total smoking ban is to be implemented in psychiatric units in the near future. A considerable amount of preparatory work needs to be done if the complete smoking ban has to be successfully implemented. Attitudes of staff will be as important as providing smoking cessation treatments in the long run. It would be interesting to repeat this survey once the complete smoking ban is in place.

Conflict of Interest

None declared.

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Ethical Approval

Ethical approval was not sought as this was a survey of staff attitudes.

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